



**Initial Approval – CRNP/CNM with Alabama RN License
Applicant Checklist**

This document is intended only as a resource for the applicant; DO NOT send to the ABN.

Check if you have completed	Requirement	Information
<input type="checkbox"/>	Request that an official transcript from your nursing program be sent to ABN.	Transcripts MUST be received directly from the nursing program, via an electronic transcript service or the US Postal Service. Faxed transcripts will not be accepted.
<input type="checkbox"/>	Request that proof of your national certification be sent to the ABN.	Certifications MUST be received directly from the certifying agency, via email or the US Postal Service. Faxed certifications will not be accepted.
<input type="checkbox"/>	Complete the electronic application. Application Fee: \$175.00 Transaction Fee: \$3.50 Include: <ul style="list-style-type: none"> • Name and practice address of physician licensed in AL. • Name and address for each practice site where the CRNP/CNM will practice. • If home visits, Name of Company and county in which home visits will occur. • Name and practice address of all covering (backup) physicians. • Protocols as needed. • Prescriptive authority as needed. 	Located on the ABN website (www.abn.alabama.gov). under Licensing Advanced Practice CRNP or CNM Application. Electronic payment via credit or debit card.
<input type="checkbox"/>	Complete (A) Standard Protocol and (B) QA Plan. Return via email or fax to the ABN.	(A) Located on the ABN website under Licensing Advanced Practice CRNP or CNM Standard Protocol. Choose the Standard Protocol, based on your national certification.



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	Keep a copy for your records.	(B) Located on the ABN website under Licensing Advanced Practice CRNP or CNM Resources.
<input type="checkbox"/>	Receive email notice of temporary approval for practice with the collaborating physician.	The temporary approval status will allow you to begin practicing. Email will include RX#. View Status in My Profile and License Lookup. Serves as Primary Source Verification.
<input type="checkbox"/>	Receive email notice of final, ACTIVE, approval for practice with the collaborating physician.	Collaboration continues until termination by either of the parties. View Status in My Profile and License Lookup. Serves as Primary Source Verification.



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ABN
PO Box 303900
Montgomery, AL 36130

Email: advancedpractice@abn.alabama.gov

Fax: (334) 293-5201

Payment may be made by cashier's check, business check, money order, certified check, or personal check, provided that the licensed nurse's name is imprinted on the check.

Please note: The Board cannot accept personal checks drawn on out of state banks.

The collaborating physician should complete the **Commencement Form** located on the Alabama Board of Medical Examiners (ABME) website (www.albme.org).

Include the \$200.00 fee, payable to ABME.

Mail form and fee to:

ABME
848 Washington Ave
Montgomery, AL 36104